

MIKE SPANO
MAYOR

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CITY OF YONKERS
DEPARTMENT OF HOUSING AND BUILDINGS

VACANT BUILDING REGISTRATION FORM

(LOCAL LAW NO.1-2010, §58-34)

DATE: _____

DESCRIPTION OF PREMISES:

ADDRESS: _____

BLOCK: _____ LOT(S): _____

OWNER INFORMATION:

NAME(S): _____

ADDRESS: _____

TELEPHONE NO.: _____ CELL PHONE NO.: _____

PROPERTY MANAGEMENT INFORMATION (IF APPLICABLE):

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____ CELL PHONE NO.: _____

OTHER PARTY(S) HOLDING AN OWNERSHIP INTEREST (IF APPLICABLE):

NAME(S): _____

ADDRESS: _____

TELEPHONE NO.: _____ CELL PHONE NO.: _____

OWNER (PRINT): _____

OWNER SIGNATURE: _____

IF NOT OWNER, RELATIONSHIP TO PROPERTY: _____